The Rose of Nelson™ Batteau

Emergency Medical Information

Name _____ Date of Birth _____

Home Address _____

Phone _____ Alternate Phone _____

Social Security Number _____

Medical / Health Insurance Provider _____

Name of Policy Holder _____ Policy Number_____

Name of Physician / Doctor: _____ Phone _____

Preferred Medical Practice: _____

Emergency Contact Name _____ Relationship _____

Phone _____ Alternate Phone _____

Home Address _____

Do you wear glasses or contacts? _____ Do you smoke? _____

Do you regularly take any medication? _____

Do you have any allergies? _____

Do you have any special conditions? _____

I, _____, give permission to the captain(s) and crew members, in the event of a medical emergency to act on my, or my child _____'s, behalf. I acknowledge that this may include being treated as best possible with the resources and skill available on the boat until further medical aid is available and it is feasibly possible to be taken to the nearest hospital or medical center for treatment, regardless of my preferred medical practice.

_____ ____/____/_____

Signature of Participant or Parent / Legal Guardian Date